

Health,  
& Welfare  
S. Public  
h Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms must be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34309  
1003  
8051  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN St. Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital Length of stay in lb				d. STREET ADDRESS (If outside, give location) 2713 So. 7th St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Paul Middle P. Last West				4. DATE OF DEATH Month August Day 27, Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 13, 1912	
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Parma, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist St. Louis				10b. KIND OF BUSINESS OR INDUSTRY Chipbuilding Co.			
13. FATHER'S NAME Marion West				14. MOTHER'S MAIDEN NAME Lizzy Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No, Nil.				16. SOCIAL SECURITY NO.		17. INFORMANT Address Marion West, 905 Hickory, St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Pulmonary oedema and congestion; 2. Paralytic ilius; 3. Multiple fractures of the ribs; suffered when car operated by deceased apparently went out of control on a curve and struck a concrete railroad abutment, on Highway #67, one half mile south of Arnold, Missouri in Jefferson County on Aug. 24, 1957 at about 1:00 A.M. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) see above 20c. TIME OF INJURY Hour 1:00 a. m. 8 p. m. Month 8-27-57 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 29 see above 20f. CITY, TOWN, OR LOCATION See above 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 5:30 A. _____ m on the date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE (Signature or title) James M. Beay, Coroner 22b. ADDRESS 1300 E. Bond 22c. DATE SIGNED 8-28-57 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 8-29-57 23c. NAME OF CEMETERY OR CREMATORY Local 23d. LOCATION (City, town, or county) (State) Essex, Missouri. 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington, 25. DATE RECD. BY LOCAL REG. AUG 28 57 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.							

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 405

4911 Washington  
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.